WIC Infant Mid-Certification - Health and Diet Questions

*Your Infant's Name*_____ ____/____/____ ____/____/____ _____

Today's Date *Infant's Date of Birth* *Sex*

The following question is optional. Your answer will be used for reporting purposes. If you do not answer, a selection will be made for you by the staff. This does not affect you receiving WIC benefits.

1. a. Is your infant Hispanic or Latino? ___Yes ___ No
   b. Is your infant Arabic? ___Yes ___ No
   b. Check (√) all races that apply to your infant:
   __ American Indian or Alaska Native
   __ Asian
   __ Black or African American
   __ Native Hawaiian or other Pacific Islander
   __ White

Please answer the following questions. These questions are asked to update your infant's health information for the WIC Program. Please check (√) your answer or fill in the blank. All answers are confidential.

2. Are you currently breastfeeding this infant/child? _____ Yes _____ No (CDC)
   a. If yes, how many breastmilk feedings in 24 hours? _____ (CDC) 418

3. If NO to number 2, was this infant/child **EVER** breastfed or fed breastmilk?_____ Yes ___No (CDC)
   (or breastmilk from a bottle and/or feeding tube)
   a. If yes to 3, how long did your infant breastfeed? _____

4. How old was this infant/child when he/she was first fed something other than breastmilk?
   (example formula, water, infant cereal, etc) Age _____

5. How old was this infant/child when he/she completely stopped breastfeeding or being fed breastmilk?
   Age _____

6. Please check (√) all that are **true** for your infant.
   - ☐ up-to-date on shots
   - ☐ has health insurance
   - ☐ has had a check-up with a doctor in past 6 months (medical care)
   - ☐ is healthy
   - ☐ needs health insurance
   - ☐ needs to see a doctor
   - ☐ has passed newborn hearing screen
   - ☐ often sick
   - ☐ has had a check-up at Health Department

7. Where has your infant seen a doctor for medical care since he/she left the hospital?
   - ☐ Doctor's office (05)
   - ☐ HMO (04)
   - ☐ Hospital outpatient clinic (01)
   - ☐ Health department clinic (02)
   - ☐ Hospital emergency room (03)
   - ☐ Other (06)

8. Does your infant take any medicines (prescription or non-prescription)? ☐ No ☐ Yes 357+
   a) If yes, for what problem_____
   b) If yes, what medications/drugs_____
   c) If yes, list side effects, if any_____

9. Describe any medical or nutritional conditions your infant has or has ever had:

_____

_____

The following question is to be answered by the biological father only:

10. What is the current height and weight of this infant's biological father? _____ _____ 114 (BMI>30)
Height Weight

The following question is to be answered by the infant's biological mother only:

11. What was the biological mother's height and weight at conception or during the first trimester of pregnancy with this infant? _____ _____ 114 (BMI ≥30)
Height Weight

12. Has your infant entered foster care in the past 6 months? ☐ No ☐ Yes 903

13. Has your infant moved from one foster care home to another foster care home in the past 6 months?
☐ No ☐ Yes 903

EATING HISTORY

Answer questions 14 to 19 if your infant is currently breastfeeding, otherwise go to question 20.

14. If your infant is currently breastfeeding, please check (√) all that are true:

My infant's breastfeeding experience is: ☐ Wonderful ☐ Good ☐ OK ☐ Difficult

My infant has trouble latching onto the breast: ☐ No ☐ Yes 603

My infant's health care provider/doctor said my infant has or had:

☐ jaundice 603 ☐ poor weight gain ☐ has inadequate bowel movements for age 603
☐ a weak suck 603 ☐ good weight gain

15. In 24 hours, how many wet diapers?_____ How many messy (BM) diapers?_____
603 (<6 per day)

16 Who ends the nursing session: ☐ Infant ☐ Mom

17. Would you like information on how to return to work while breastfeeding? ☐ No ☐ Yes

18. Does your infant sometimes take expressed breast milk from bottle, cup or other? ☐ No ☐ Yes

19. When giving breast milk to your infant, do you:

a. Feed fresh breast milk stored in refrigerator longer than 72 hours? ☐ No ☐ Yes 405

b. Feed thawed frozen breast milk after storing in refrigerator longer than 24 hours? ☐ No ☐ Yes 405

c. Feed fresh breast milk stored at room temperature longer than 8 hours? ☐ No ☐ Yes 405

20. Is your infant drinking formula **NOW**? □ No □ Yes If yes, formula name:_____
    a. If yes, how many formula feedings in 24 hours? _____ 411

21. Is the formula iron-fortified? □Yes □ No
    411, < 6mo and no iron supplement, 414> 6 mo and no other routine iron source

22. Is the formula (please check (√) one): □ Powdered □ Liquid concentrate □ Ready-to-use?

23. If you mix formula with water, how much water do you add?_____ 415

24. How much formula does your infant usually **drink at a feeding?** _____ 411

25. Has your infant been given a bottle of formula or expressed breast milk left over from a previous feeding?
    □ No □ Yes
    405

26. How much water does your infant usually drink in 24 hours? _____ 403 (Don't include water mixed with formula)

27. How many times in 24 hours does the infant get fed? _____411

28. How does your infant let you know when he/she is hungry? _____ 411

29. How does your infant let you know when he/she is full? _____411

30. How old was this infant when he/she was routinely fed any food other than breastmilk? _____mo. 412(<4 mo. CDC)

31. Is your infant's:
    a. Prepared formula stored at room temperature longer than 2 hours? □ No □ Yes 405
    b. Prepared formula stored in refrigerator longer than 48 hours? □ No □ Yes 405

32. Which appliances do you use to prepare formula? 405

    □ Stove/range □ Hot plate □ Microwave □ Other

33. Does your infant:

	No	Yes	Don't Know
a. Take a bottle to bed, nap or while lying down?	□	□ 419	□
b. Take drink from a bottle that is propped up when feeding?	□	□ 419	□
c. Eat from a spoon?	□ 411 (>7mo)	□	□
d. Receive cereal or infant food in a bottle/infant feeder?	□	□ 419	□
e. Receive sugar water?	□	□ 419	□
f. Receive juice in a bottle?	□	□ 419	□

34. Does your infant: (Con't)

	No	Yes	Don't Know
g. Receive soda/pop in a bottle?	☐	☐ 419	☐
h. Use the bottle throughout the day or as a pacifier?	☐	☐ 419	☐
i. Sip from a training cup throughout the day?	☐	☐ 419	☐
j. Eat finger foods?	☐ 411 (>9 mo)	☐	☐
k. Take vitamins or minerals? If yes, please describe _____	☐ 424 (if inadeq)	☐ 423 (if inapprop)	☐
l. Take herbal remedies or herbal teas? If yes, please describe_____	☐	☐ 423	☐
m. Have any dental problems or tooth decay?	☐	☐ 381	☐
n. Consume a vegan diet (vegetarian diet without animal products)?	☐	☐ 402+	☐
o. Follow a special diet? If yes, what type _____	☐	☐ 403+ (If restrictive or low cal/nutrient)	☐

35. Does the infant eat/drink anything besides breastmilk, formula and water? ☐Yes ☐ No 411 (> 7mo)
Please check (✓) what the infant eats/drinks:

☐ Whole Milk 411	☐ Vegetables	☐ Teething Biscuits	☐ Hot Dogs 411 or 405
☐ Low fat Milk 411	☐ Meats 414	☐ Table Food	
☐ Imitation Milk 411	☐ Fruit	☐ Mixed Dinners	☐ Other: _____
☐ Goat's/Sheep Milk 411	☐ Cereal 414 If no and > 6 mo w/no other dependable iron source		_____

36. How many **times a day** does your infant eat or drink each of the following? 411
(write a number, for example 0, 1, 2, 3, 4, 5)

_____ Coffee	_____ Gatorade	_____ Cookies	_____ Chips
_____ Tea	_____ Kool Aid	_____ Hi-C/punch	_____ Donuts
_____ Soda/pop	_____ Candy	_____ Ice cream	_____ French Fries

37. Do you add sugar, honey or syrup to any drinks or food, or use on a pacifier? ☐ No ☐ Yes 411

38. Does your infant eat or drink any of the following?: 405

- ☐ Raw (unpasteurized) fruit or vegetable juice
- ☐ Raw (unpasteurized) dairy products or soft cheeses like feta, Brie, Camembert, blue-veined or Mexican-style cheese
- ☐ Honey (including honey in foods)
- ☐ Raw or undercooked meat, fish, poultry, or eggs
- ☐ Raw vegetable sprouts (alfalfa, clover, bean, and radish)
- ☐ Undercooked or raw tofu
- ☐ Hot dogs, lunchmeats and other deli meats, not reheated to steaming hot

39. Tell me about any other foods, snacks or drinks your infant receives that are not mentioned in previous questions: _____

_____

_____

40 Do you have a disability that would make it difficult for you to plan or prepare food for your infant?

□ No □ Yes If yes, please describe_____
902

41. Please describe any feeding problems, questions or concerns you may have about your infant:

Thank you for completing this form. Please let staff know you are finished

WIC STAFF USE ONLY

WIC Anthropometric Risk			Circle assigned codes
103	At risk of becoming underweight. At or above the 6th percentile and at or below the 10th percentile weight-for-length. Round down to whole number.	135+	Inadequate Growth. Infants from birth to one month of age who have excessive weight loss after birth or are not back to birth weight by two weeks of age. or Infants from birth to 12 months of age whose 1st of two weight-for-age plots is below the 25th percentile and the 2nd plot is at a percentile less than the previous plot, then perform calculation to determine if criteria is met for risk code. or Infants from birth to twelve months of age whose 1st of two weight-for-age plots is at or above the 25th percentile and the 2nd plot is a 5 percentile or more drop from the 1st plot, then perform calculation to determine if criteria is met for risk code.	141+	Low birth weight or Very Low Birth Weight. Birth weight 2500 grams or less (at or less than 5 lb. 8 oz.) VLBW Birth weight 1500 grams or less (at or less than 3 lb. 5 oz.)
104+	High risk underweight. At or below the 5th percentile weight-for-length. Round down to whole number.			142+	Prematurity. Born < 37 weeks gestation.
114	At risk of becoming overweight. Infant born to an obese woman (BMI ≥30) at time of conception or at any point in the 1st trimester of pregnancy. (Self reported by mother only.) Infant whose biological father is obese (BMI ≥30) at time of certification. (Self reported by father only.)			151+	Small for Gestational Age. Diagnosed presence of small-for-gestational age.
121	Short stature or at Risk of Short Stature. At or below the 10th percentile length-for age.			152	Low Head Circumference. Below the 5th percentile head circumference-for-age.
				153+	Large for Gestational Age. Diagnosed presence of large-for-gestational age or birth weight at or above 9 pounds.

BREASTFEEDING		
NOW	EVER	HOW LONG

BREASTFEEDING NOW CODES
0-Not breastfeeding now
1-1 feed/day to 1/4 time
2-1/2 time
3-3/4 time to full-time receiving WIC formula
4-full-time not receiving WIC formula

BREASTFEEDING EVER CODES
"Y" - for yes, has breastfed Or is breastfeeding
"N" - for never breastfed
Blank is not acceptable

BREASTFEEDING HOW LONG CODES
Less than 4 days = 00
4-10 days = 01
11-17 days = 02
18-24 days = 03
25-31 days = 04
After 1st Month - Record only full weeks of Brstfdng.
2 months = 09
3 months = 13
4 months = 17
5 months = 22
6 months = 26
7 months = 30
8 months = 35
9 months = 39
10 months = 43
11 months = 48

FORMULA START

FORMULA START CODES
00 = Never received formula
01 wk = birth thru 10 days
02 wks = 11 thru 17 days
03 wks = 18 thru 24 days
04 wks = 25 thru 31 days
05 wks = 32 thru 38 days
06 wks = 39 thru 45 days
07 wks = > 45 days
08 wks = not applicable
09 weeks = unknown
Blank = not acceptable

Biochemical Risk - 201	Hct. %	Hgb. gm.
See criteria below	<33.0	<11.0

The following infants may require testing prior to one year of age:
- Premature
- Low birth weight
- Not fed iron-fortified formula or breast milk.
- Known diagnosis of anemia
- Surgery with excessive blood loss

Referral Codes:

__01 EPSDT
__02 Family Planning
__03 Infant Support Services
__04 Maternal Support Services
__05 Hearing Screening
__06 Vision Screening
__07 Public Health Nursing
__08 Children's Special Health Care Services
__09 Food Stamps/Cash Out
__10 Family Independence Agency
__11 Medicaid
__12 Preventive/Protective Services
__13 MSU Extension
__14 Intermediate School District
__15 Substance Abuse Counseling/Treatment
__16 Dental
__17 Private Physician
__18 Registered Dietitian-WIC
__19 Registered Dietitian-non-WIC
__20 STD Clinic
__21 Well Child Clinic
__22 Com. Mental Health/Mental Health Serv.
__23 Healthy Kids (MICH-Care)
__24 Prenatal Clinic
__25 Head Start
__26 CSFP/Focus: HOPE
__27 Emergency Food Pantry/Programs& TEFAP
__28 Non-food Emergency Services
__29 Job Training Employment
__30 Migrant Services
__31 Parenting Classes
__32 Substance Abuse
__33 Breastfeeding Peer Support-LLL
__34 Early On
__35 Legal Aid
__36 Environmental Health
__37 Lead Screening
__38 MI Child
__39 Prenatal Enrollment & Coordination Prog.
__40 Immunization Assessment with card
__41 Immunization Assessment-no card
__42 Immunization Card-no assessment
__43 No Immunization Card-no assessment
__44 Vaccinated in WIC
__45 Immunization referral-Local Imm Clinic
__46 Immunization Referral
__47 No Immunization Needed
__50 New Voter Registration
__51 Voter Changed Address
__52 Voter Registration Declined
__53 Voter Mailed Form
__59 Social Worker
__60 Healthy Start
__61 Summer Feeding Program
__62 Child Support Services
__63 Smoking Cessation
__64 Project FRESH
__65 Women's Shelter/Resource
__66 Strong Families/Safe Children
__67 Maternity Outpatient Medical Services Program (MOMS)
__95 _____
__96 _____
__97 _____
__98 _____
__99 _____

CPA Notes/Nutrition Education Plan:

CPA Signature_____ **Date** _____